

MHSIP Consumer Survey (Version 1.1, Feb, 2000)

In order to provide the best possible mental health services, we need to know what you think about the services you received during the last (specify time period), the people who provided it, and the results. There is space at the end of the survey to comment on any of your answers.

<i>Please indicate your agreement/ disagreement with each of the following statements by circling the number that best represents your opinion. If the question is about something you have not experienced, circle the number 9, to indicate that this item is "not applicable" to you.</i>	<u>Strongly Agree</u>	<u>Agree</u>	<u>I am Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>

1. I like the services that I received here.	1	2	3	4	5	9
2. If I had other choices, I would still get services from this agency.	1	2	3	4	5	9
3. I would recommend this agency to a friend or family member.	1	2	3	4	5	9
4. The location of services was convenient (parking, public transportation, distance, etc.).	1	2	3	4	5	9
5. Staff were willing to see me as often as I felt it was necessary.	1	2	3	4	5	9
6. Staff returned my call in 24 hours.	1	2	3	4	5	9
7. Services were available at times that were good for me.	1	2	3	4	5	9
8. I was able to get all the services I thought I needed.	1	2	3	4	5	9
9. I was able to see a psychiatrist when I wanted to.	1	2	3	4	5	9
10. Staff here believe that I can grow, change and recover.	1	2	3	4	5	9
11. I felt comfortable asking questions about my treatment and medication.	1	2	3	4	5	9

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	<u>Strongly Agree</u>	<u>Agree</u>	<u>I am Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
12. I felt free to complain.	1	2	3	4	5	9
13. I was given information about my rights.	1	2	3	4	5	9
14. Staff encouraged me to take responsibility for how I live my life.	1	2	3	4	5	9

15. Staff told me what side effects to watch out for.	1	2	3	4	5	9
16. Staff respected my wishes about who is and who is not to be given information about my treatment.	1	2	3	4	5	9
17. I, not staff, decided my treatment goals.	1	2	3	4	5	9
18. Staff were sensitive to my cultural background (race, religion, language, etc.)	1	2	3	4	5	9
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	1	2	3	4	5	9
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	1	2	3	4	5	9
As a Direct Result of Services I Received:						
21. I deal more effectively with daily problems.	1	2	3	4	5	9
22. I am better able to control my life.	1	2	3	4	5	9
23. I am better able to deal with crisis.	1	2	3	4	5	9
24. I am getting along better with my family.	1	2	3	4	5	9

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	<u>Strongly Agree</u>	<u>Agree</u>	<u>I am Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>	<u>Not Applicable</u>
25. I do better in social situation.	1	2	3	4	5	9
26. I do better in school and/or work.	1	2	3	4	5	9
27. My housing situation has improved.	1	2	3	4	5	9
28. My symptoms are not bothering me as much.	1	2	3	4	5	9

Please feel free to use this space to comment on any of your answers. Also, if there are areas which were not covered by this questionnaire which you feel should have been, please write them here. Thank you for your time and cooperation in completing this questionnaire.

Please provide the following information for statistical compilation purposes.

Male _____ Female _____ Age: _____

Ethnicity: (check one) _____ Caucasian _____ Asian _____ African-American _____ Native-American

_____ Latino _____ Other (please specify)